

May 2016

## Transporting and Billing for ITA Clients

This factsheet covers how to bill the Department for transporting Involuntary Treatment Act (ITA) consumers.

### Client Identification Numbers (CID) & Client Eligibility

Electronic billing is possible when a consumer has a valid CID. Do not attempt to bill with the dummy ID number (9998888WA). The dummy ID is used by Prior Authorization workers to create authorization records when eligibility does not yet exist. Payment cannot occur until a valid CID is on the claim. Clients may have existing Medicaid coverage. To see if they are eligible refer to the [ProviderOne Billing and Resource Guide](#) to see what benefit service package they have and whether or not the transportation services would be covered.

### General Requirements:

#### ITA Transportation Eligibility - Verification of Eligibility of Involuntarily Detained Consumers

Please see the Health Care Authority [ProviderOne Billing and Resource Guide](#) at for instructions on how to verify a client's eligibility.

Providers should bill with the claim note/special claim indicator **SCI=I**. This prevents claim denials for lack of eligibility. For more information on how to enter **SCI=I** as a claim note when billing electronically, refer to the billing guide link above. When billing paper, **SCI=I** goes in field 19 of the CMS-1500 claim form.

### When Backup is required

If the detained individual is not currently eligible for Department-covered ambulance services, the provider must submit the claim with backup documentation confirming that the transport was for an individual assessed by a designated mental health professional (DMHP) and found to be a danger to self, danger to others, or gravely disabled. Backup documentation can be submitted by fax or as an electronic image attachment for claims submitted via direct data entry (DDE). Review the billing guide link above to see how to submit backup to a DDE claim.

Backup documentation must be dated within 20 days of transport and consist of a DMHP-generated form following Superior Court Mental Proceedings Rule 2.2. An acceptable form indicates:

- The name of the person taken into custody.
- A statement that the person authorized to take custody is authorized pursuant to RCW 70.96A, RCW 71.05, or RCW 71.34.
- A statement that the person is to be taken into custody for the purpose of delivering that person to an evaluation and treatment facility for a period of up to 72 hours excluding Saturdays, Sundays, and holidays.

The 72-hour period begins when the evaluation and treatment facility provisionally accepts the person as provided in RCW 71.05.170.

- A statement specifying the name and location of the evaluation and treatment facility where such person will be detained.

### Who is subject to the Involuntary Treatment Act?

The Involuntary Treatment Act (ITA) applies to all individuals within the borders of the state of Washington. An involuntarily detained individual does not have to be Medicaid eligible.

The Department will pay the ITA transportation costs for an individual that a DMHP has determined is in need of ITA services. Under no circumstances will the Department pay for transportation costs to or from out-of-state or bordering cities for clients under ITA.

**NOTE:** If a consumer has other insurance, bill the other insurer first.

Please visit the Department's Division of Behavioral Health and Recovery (DBHR) list of [Behavioral Health Organizations](#) (BHO) that you may contact regarding ITA services.

### When are Transportation Services Covered under ITA?

DBHR covers transportation for ITA consumers when provided:

From	To
The site of the initial detention	An evaluation and treatment facility
A court hearing	A court hearing
An evaluation and treatment facility	A less restrictive alternative setting (except home.)

### What Transportation Services Are Not Payable under ITA?

DBHR does not reimburse providers with ITA funds for non-ITA transportation (e.g., transport to an evaluation and treatment facility of **voluntarily** committed mental health or substance use disorder individuals, or those individuals who need transportation to and from outpatient mental health services).

### ITA Transportation Paper claim forms

Make sure to complete the necessary fields for ITA transportation when completing the paper CMS-1500 form.

Field Number	Field Name	Entry
19	Reserved For Local Use	<b>ITA Transportation:</b> For ITA transports this is a required field. Enter special claims indicator " <b>SCI=I</b> " – <i>no spaces between characters</i>
24B	Place of Service	Enter: 41 Ambulance, land 42 Ambulance, air 99 ITA transport
24E	Diagnosis Code	<b>Ambulance Services:</b> Enter the ICD-10-CM diagnosis code or V68.9. When code V68.9 is used, written justification noting condition requiring level of service is necessary (enter in <i>field 21</i> ). <b>ITA Transports:</b> Enter the ICD-10-CM diagnosis code or V40.9.
24G	Days or Units	Multiple units valid only on Mileage and Waiting Time codes. For all other codes enter a "1".

### Common Errors:

#### Voluntary versus Involuntary Transportation

Clients who voluntarily choose to seek mental health or substance use disorder treatment must apply for eligibility through the community services office (CSO). If eligibility is granted by the CSO, DSHS will pay for medically necessary transportation.

**NOTE:** Ambulance transportation to an inpatient treatment facility for a voluntary psychiatric admission is generally not appropriate.

## ITA Eligibility Dates

A common reason for denial of ITA claims is the difference between the dates of active eligibility and the dates of service billed on the claim. If the individual was detained to an inpatient facility, you may need to check with the BHO to ensure that the correct dates of eligibility were requested and adjust or re-bill the claim.

## Completing the ITA form 14-002 (for Transportation Services)

For dates of service on or after January 2016, you must use the most current ITA form **14-002** at [Medicaid Forms](#) to provide claim information that is not ordinarily captured on standard claim forms (such as pharmacy claims).

Court orders generally do not include demographics necessary to create ITA authorization eligibility such as:

- Client Address
- Gender
- Date of Birth
- Date of Detention & Release


*If you are submitting a court order as backup documentation you must also submit ITA form: 14-002 for transportation claims.*

## Completing the ITA form 13-628 (for Inpatient Pharmacy Claims)

For dates of service on or after December 2010, you must use the most current Involuntary Treatment Act Patient Claim Information form **13-628** at [DSHS Forms](#) to provide claim information that is not ordinarily captured on the inpatient pharmacy claims.

*If you are submitting a court order as backup documentation you must also submit ITA form: 13-628 for inpatient pharmacy claims*

At a **minimum** you should ensure the following information is noted on the form:

 <b>Washington State Department of Social &amp; Health Services</b> MPA Medicaid Purchasing Administration				<b>Involuntary Treatment Act Patient Claim Information</b>			
<b>PURPOSE</b>							
The Involuntary Treatment Act Patient Claim Information form supplies demographic information necessary for the creation of ITA related eligibility when a person without active medical assistance is involuntarily detained under 71.05.							
<b>FORM DISTRIBUTION</b>							
This form may be completed by the service provider, however, proof of ITA status consistent with Mental Proceeding Rule 2.2/22A is also necessary for Client ID and/or Eligibility Segment creation.							
NAME (LAST, FIRST, MIDDLE INITIAL) <b>REQUIRED*</b>				PROVIDER ONE CLIENT ID (If Available)			
ADDRESS <b>REQUIRED</b>				CITY		STATE ZIP CODE	
<input type="checkbox"/> Homeless <input type="checkbox"/> Transient		WASHINGTON COUNTY OF RESIDENCE <b>REQUIRED</b>		RSN (IF KNOWN)			
DATE OF BIRTH <b>REQUIRED</b>		GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female <b>REQUIRED</b>		SOCIAL SECURITY NUMBER			
DETAINED TO E&T <b>REQUIRED</b>		DATE OF DENTENTION <b>REQUIRED</b>		RELEASED FROM E&T ON <b>REQUIRED</b>			
ITA PROVIDER NAME		TITLE		TELEPHONE NUMBER			
SIGNATURE OF ITA PROVIDER <b>REQUIRED</b>				DATE			
<b>INFORMATION TO BE SUPPLIED BY BILLER TO DSHS</b>							

\*some clients may not have a middle name